

091786336

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 6 | |
| FORMALITY REVIEW | | | 3-30-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------|--------|
| Final | |
| Original | |
| 1 ✓ | 5/1/93 |
| 2 ✓ | 6/1/93 |
| 3 ✓ | |
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| 50 ✓ | |

| Claim | Date |
|----------|--------|
| Final | |
| Original | |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)